

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4050</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>LAWRENCE</u> Larancee H Cook P.O. Box, Bldg., Room No., if any Street 604 Wiltshire City St. Joseph State Illinois ZIP Code + 4 61873	4. Name, file number, and address of labor organization. Name IBEW Local 601 Labor Organization File Number 029-863 P.O. Box, Building and Room Number, if any P.O. Box 3902 Street 2901 Research Road City Champaign State Illinois ZIP Code + 4 61822
5. Position in labor organization. Business Manager & Financial Secre.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name NECA IBEW Welfare Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2120 Hubbard Ave City Decatur State Illinois ZIP Code + 4 62526-2871	7.a. Nature of Interest, Transaction, or Income. Food , Lodging and Travel for Spring Meeting 7.b. Amount. \$895

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>7/18/05</u> <u>217-469-2218</u> Date Telephone Number

Name of Person Filing LAWRENCE Lawrence Cook	File Number U-
--------------------------------------------------------	----------------

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name NECA IBEW Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2120 Hubbard Ave City Decatur State Illinois ZIP Code + 4 62526-2871	7.a. Nature of Interest, Transaction, or Income. Food, Lodging and Travel for Spring Meeting 7.b. Amount. <div align="right">\$216</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.